

MINUTES  
(Subject to Approval by the Subcommittee)

HEALTH CARE TASK FORCE  
SUBCOMMITTEE ON MENTAL HEALTH  
August 20, 2008  
2:30 p.m.  
Supreme Court Basement Conference Room  
451 W. State St., Boise, Idaho

**Chairman Stegner** called the meeting of the Health Care Task Force's Subcommittee on Mental Health to order at 2:30 p.m.

In attendance were Senator Joe Stegner, Senator Patti Anne Lodge, Representative Sharon Block, Representative Fred Wood, and Representative Margaret Henbest. Senator Corder was excused. Staff members present were Paige Alan Parker, Amy Castro, and Juanita Budell.

Other attendees were Ms. Kathie Garrett, Partners In Crisis; Greg Dickerson and Lee Barton Mental Health Provider Association; Delmar Stone, National Association of Social Workers; Kelly Buckland, State Independent Living Council; Ms. Tami Jones, Psychosocial Rehabilitative Services (PRS); Kathleen Allyn, Department of Health and Welfare. The WICHE staff members present were Dennis Mohatt, Vice President for Behavioral Health; consultants Deb Kupfer and Kyle Sargent; and Gabriela Montoya, a Policy in Rural Health associate.

**The Chairman** invited any of the audience members to address the Subcommittee.

**Ms. Kathie Garrett**, who represents Partners In Crisis, spoke for herself. She stated that she is excited about the WICHE report. However, she said the transformation should start with the core belief that mental health is essential and part of overall health.

**Greg Dickerson**, a mental health provider in Regions 3 and 4, spoke next. He is also a member of the Mental Health Provider Association. He has been representing that Association with a division of Medicaid on Medicaid Mental Health Reform since the end of the last legislative session. Regarding the WICHE report, he said that it all struck true as far as clearly identifying the system's issues that the workforce is facing. His question to the Subcommittee was the role of the Division of Behavioral Health when Medicaid is the funding body. The WICHE staff said that Medicaid is an integral part in all of this and it will have to be a partner in the transformation as a third party reimbursor of care.

Also supporting the Redesign Report was **Lee Barton**, Region 4 provider and president of the Mental Health Providers Association, who deemed the WICHE report to be a "breath of fresh air." **Delmar Stone**, National Association of Social Workers, said he was excited about the WICHE report but wondered on how accountability was going to be maintained under a transformed system.

**Kelly Buckland**, State Independent Living Council, expressed concern that the current discussions on Medicaid reform were not being coordinated with the Legislature's discussions on mental health delivery transformation. **Mr. Buckland** also expressed concern that the consumer's role in mental health care had not been addressed in the WICHE report. In response, **Mr. Kyle Sargent** of WICHE stated that the report had not gotten into the specifics of defining roles. **Senator Stegner** added that consumer involvement was important to discuss but the process had not yet gotten to the point of defining parameters.

**Ms. Tami Jones**, a clinical social worker and the program director for a nonprofit Psychosocial Rehabilitative Services (PRS) program, as well as a member of the Mental Health Providers Association, was next to speak. She stated that she is fearful of more convoluted rules. The present rules make it very hard for those who want to provide quality service to abide by the rules. The administrative cost that they bear in order to follow some of the unnecessary and burdensome rules is outlandish. She urged that any new rules be made easier for the providers to provide quality services, which will also make it easier for the department to monitor those providers.

**Kathleen Allyn**, administrator of the Department of Health and Welfare's Division of Behavioral Health, deemed the WICHE report "good."

**Chairman Stegner** said the next order of business would be to consider the seven decision points, with the possibility of coming to a conclusion for a recommendation to the full committee tomorrow. He then asked Ms. Castro to review/explain the seven decision points.

**Ms. Castro** said that the WICHE contract had two parts - the first part was the report. The second part was to put a fiscal analysis for a timeline together and build recommendations and statutory changes. Most of the recommendations in the report are interrelated. However, the primary, overarching recommendation is for transformation of the system, notably of the Division of Behavioral Health, and the creation of regional authorities/districts.

**Ms. Castro** presented the Subcommittee with seven possible decision points:

1. The first and primary decision point is whether to adopt:
  1. A larger, overall transformation of the system; or
  2. A more incremental approach (i.e., "tweaking" the system).
2. The second decision point is:
  3. Utilize the existing Interagency Committee on Substance Abuse (ICSA) as a "transformation" workgroup; or
  4. Identify another collaborative body or mechanism for planning and advising on implementation.

If the ICSA is the body chosen to guide the transformation, then the next decision points are potentially as follows:

3. Identify what action is necessary to fully charge the ICSA with this purpose:
  5. Membership changes (statutory and/or de facto);
  6. Authorization or mandate to perform certain actions; and
  7. Additional funding for staff, consultation, etc.
4. Create overall deadlines for action and reports by necessary bodies:
  8. ICSA; and
  9. Department of Health and Welfare/DBH.
5. Identify and fund (invest in) staff resources necessary for DBH to implement transformation.
6. Will there be a demonstration/pilot program for creation of regional authorities?

If so, then the development of a request for proposal will require a decision on which:

7. Studies or reports are necessary to let an appropriate RFP, such as:
  - a. Identification of the ‘population in need’;
  - b. The types of, and costs for, the services to be provided;
  - c. The implementation, evaluation and reporting deadlines; and
  - d. Any shortfalls in existing funding over what is anticipated to be required in the demonstration/pilot program.

A copy of these decision points is available in the Legislative Services Office.

Following discussion, **Representative Henbest** made a **motion** to recommend to the Health Care Task Force that a larger, overall transformation of the system be adopted. (Discussion Point #1). The motion was **seconded** by **Senator Lodge**. The motion **carried by unanimous voice vote**.

**Representative Henbest** made a **motion to approach the existing Interagency Committee on Substance Abuse with a proposal that they be tasked to take on the function of building our mental health system as a workgroup (Discussion Point #2) and also seek cooperation with the Governor on this matter during the interim while the Legislature has not yet convened. The motion was seconded by Senator Lodge. The motion carried by unanimous voice vote.**

**Representative Wood** made the **motion to accept the criteria in Discussion Points #3, #4, #5, #6, and #7 as talking points for the interim committee to address in building its recommendations. The motion was seconded by Representative Henbest. The motion carried by unanimous voice vote. The Chairman asked the Subcommittee for unanimous consent to add “a mental health director” as part of the motion. The Subcommittee so agreed.**

There being no further business, **Chairman Stegner** thanked the Subcommittee for its work and said a short report of the Subcommittee’s action would be made to the Health Care Task Force.

**Chairman Stegner** adjourned the meeting at 4:05 p.m.